

To

The Chairman and Members of the
Chesham Urban District Council.

Brett

Gentlemen,

I have the honour of submitting for your consideration my thirteenth Annual Report on the health of the inhabitants and sanitary condition of your Town; the period covered being the year 1909.

It is my intention to follow the course which I have adopted now for some years of taking each heading as put down in "The Memorandum as to Annual Reports of Medical Officers of Health" as issued by the Local Government Board and dealing with each in turn leaving all general remarks for the end.

1. PHYSICAL FEATURES AND GENERAL CHARACTERISTICS OF THE DISTRICT.

I have nothing to add to my remarks which will be found in my Report of 1908. With the object therefore of saving time I will with your permission refer any who may be interested in this subject to what I then wrote.

2. GENERAL CONDITION OF THE INHABITANTS.

The majority of the inhabitants consist of people who, during the day, are employed in the numerous factories. The condition of these is on the whole satisfactory. There are, of course, some dark spots where one would like to see both the inhabitants and their environment improved. One does what one can in the matter, but there always was, and

Gentlemen,

I have the honor to acknowledge the receipt of your letter of the 11th inst. in relation to the matter of the health of the people and sanitary condition of your town. The report was received on the 12th inst. 1902.

It is my intention to follow the course which I have adopted for some years of taking each meeting in the town in "The Homeopathic" as to Annual Reports of Medical Officers of Health" as issued by the Local Government Board and dealing with each in turn leaving all general remarks for the end.

1. PHYSICAL FEATURES AND GENERAL CHARACTERISTICS OF THE

DISTRICT.

I have nothing to add to my remarks which will be found in my Report of 1901. When the object of the meeting is to save time I will with your permission refer to what is interested in this subject so that I need write.

2. GENERAL CONDITION OF THE DISTRICT.

The majority of the inhabitants consist of people living on the land, and employed in the various trades. The condition of these is on the whole satisfactory. The houses, some of which are small and some like the inns, are in a good state of repair and the inhabitants are in a good state of health. The houses are in a good state of repair and the inhabitants are in a good state of health. The houses are in a good state of repair and the inhabitants are in a good state of health.

I presume, always will be some who will prefer dirt to cleanliness.

The tendency to build on the hills surrounding the Town, which I mentioned in my Report of last year, still continues. The progress, at present, is slow, in fact slower than one would expect, seeing that no houses remain empty for any length of time, a fact not to be wondered at by any who have once had the opportunity of sampling the pure air and healthy surroundings of these districts.

Practically all our high lying districts have now the advantage of a good and constant water supply and are connected with the Town Sewer.

3. HOUSE ACCOMMODATION.

This is on the whole, I think, satisfactory. One hears frequent complaints of difficulty in obtaining houses and certainly one seldom sees an empty house, but, taking all things into consideration, I am inclined to think that private local enterprise is quite sufficient to cope with any inefficiency in this matter that may occur. The sufficiency of open spaces about dwellings is quite satisfactory, and with few exceptions the fitness for habitation is all that can be desired.

The houses in "China", Waterside, to which I drew your attention last year have now been removed and have been replaced by a row of clean well built cottages. I think perhaps the worst in your district and the ones that I should like most to see something done with are three cottages in Hearn's Yard. The owner has, I hear, from time to time patched them, but I have never yet found them in a really satisfactory sanitary condition.

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Town, which I mentioned in my Report of last year, still
continues. The progress, at present, is slow, in fact
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any deficiency in this matter that may occur. The
sufficiency of open spaces about dwellings is quite satis-
factory, and with the exception of houses for habitation
is all that can be desired.
The houses in "China", "Kewstons", to which I draw
your attention last year have now been removed and have
replaced by a row of almost well built cottages. I mention
perhaps the worst in your district and the ones that I at
like most to see something done with were three cottages in
Steen's Yard. The owner has, I hear, from time to time
painted them, but I have never yet found them in a really
satisfactory sanitary condition.

There has been, during the time of your late Inspector, a good deal of comment made on his action in insisting on the pavement of back yards, and one has heard such remarks as What about our own roads, are they any better? May I suggest to those who made such remarks that they are losing sight of the fact that when people go out at their front door they are naturally clothed about the feet in such a manner as will counteract the effect of wet pavements, while women or children going out at the back door are not necessarily so. While on this matter I would wish to bring to the notice of all interested in the housing of the working classes, one of the difficulties that Sanitary Officers have to contend with, I refer to the tendency of some property owners as soon as they are compelled to do the necessary repairs to put their property into reasonable sanitary repair instantly putting up the rent of such property. Personally I do not see what remedy we have in the matter, but it is certainly bad from a sanitary point of view, as under the circumstances many of the poorer people would sooner put up with their trouble than complain for fear of having the rent raised.

During the year 211 notices have been served for the remedying of defects about dwelling houses.

No action has been taken under Parts I, II and III of the Housing of the Working Classes Act.

4. WATER SUPPLY.

With very few exceptions the whole of the houses in your district are supplied with water from the Town Water Works. I see no reason to suspect that the water is or has been anything but excellent in quality, although a trifle hard. During the year the pumping station at the Water

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their property into reasonable sanitary condition.
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not think remedy we have in the matter, but it is certainly
bad from a sanitary point of view, and under the circumstances
many of the poorer people would sooner put up with their
houses than complain for fear of having the rent raised.
During the year all notices have been served for

removal of refuse about dwelling houses.

No action has been taken under Parts I, II and III
the Housing of the Working Classes Act.

WATER SUPPLY.

With very few exceptions the water at the houses
your district are supplied with water from the 1900-1901
works. I see no reason to suppose that the water is
better anything but excellent in quality, although a little
hard. During the year the pumping station at the works

Works has undergone complete reconstruction, new shafting and pulleys being added to the pumping plant while two new gas engines and suction gas plant have been introduced. These I know are doing their work well and the chances of the Town being without an efficient and constant supply has now been reduced to a minimum.

Nothing has been done during the year with regard to the purchasing of the ground adjoining the present cemetery which I mentioned in my Report last year.

5. MILK SUPPLY.

Here again I have little to add to what I said in my last Report. The milk is, as far as one can see, good, but as no samples, as far as I know, have been taken through the year, one is afraid to speak with too much certainty. I still think that something should be done in the matter of taking samples occasionally. The fact that we are not dealing entirely with our own district seems to be lost sight of. Your Inspector has I know been most diligent in looking after the Dairies and Cowsheds over which he has had control, but when you take into consideration that probably half the milk consumed in the Town is brought into it from the surrounding districts you must see for yourselves that the work as far as we are concerned is not done as it should be.

I am still looking forward to the time when the Sanitary Officers may be given full power to go into any Dairy or Cowshed belonging to any person supplying milk within their district and dealing with the matter as if the property were actually in his district.

and believe being sent to the pumping plant while the
the engine and location the plant have been inspected.
there I have the doing their work well and the charges
the town being without an efficient and constant supply
now been reduced to a minimum.

Nothing has been done during the year with regard
the purchasing of the ground adjoining the present corner
which I mentioned in my Report last year.

6. MILK SUPPLY.

Here again I have little to add to what I said in
last Report. The milk is, as far as we are concerned,
as no surplus, as far as I know, have been taken from
year, and is stored in great quantities in the
well think that something should be done in the matter of
large supplies necessarily. The fact that we are not
dealing properly with our own district seems to be lost
of. Your Inspector has I know been most diligent in his
after the parties and whenever they wish to use and cover
but when you take into consideration that probably half
milk consumed in the town is produced here it is true that the
rounding districts you must use for yourselves that the
as far as we are concerned is not done as it should be.

I am still looking forward to the time when the
Sanitary Officer may be given full power to do more and
help of Government to get better supplying milk
within their districts and making sure the water as it
property were secured in his district.

10 2254005 premises

6. CONDITION OF THE DAIRIES.

I have visited these twice during the year. On my first visit owing, no doubt, to my having chosen one of the few days when haymaking was possible, I found the majority of the Cowsheds in not quite such a good state with regard to cleanliness as I should wish. On my second visit this was remedied in all but one case.

This one particular case is one that was mentioned last year. I have tried in all cases to get my wishes carried out without taking extreme measures. In this particular instance I have so far failed and I very much regret to say that I shall I am afraid be compelled to bring this case before your notice and advise that more forcing tactics be resorted to.

(a) VENTILATION AND LIGHT. This in all, with the exception of case mentioned above, is good.

(b) DRAINAGE. This is on the whole satisfactory.

(c) WATER SUPPLY. With two exceptions all are supplied from the Town supply.

MILKSHOPS.

Last year I reported favourably of these and I have little to add to what I then said.

MILK CARRIERS.

I have visited the houses of all milk carriers within the district and examined all places in which cans are kept.

There is still one case in which my instructions as to not keeping the cans in the living room are not carried out.

A certain leniency has been shown in this case as there seemed a doubt as to whether the proprietor would continue

you remedied in all one case.

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 that year. I have tried to all cases to get my studies
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last year I reported favorably of them and I have

With reference to the question of the necessity of having a separate office for the collection of the duties on the goods imported from the United States, I have visited the houses of all the residents of the district and examined all the goods which are imported from the United States. There is still one case in which the duties are not kept in the same in the living room and not in the same in the living room. A certain quantity has been shown in this case as there is a doubt as to whether the proprietor would consent to have the goods kept in the living room.

in his present premises.

During the year the following notices have been served under the Dairies, Cowsheds and Milk Shops Order.

6 Notices have been served requiring the cleansing and limewashing of cowsheds.

2 Notices have been served for improved storage for cans and utensils.

1 Notice for overcrowding.

1 Notice for the repairing of floor of cowshed.

Two new dairies have been erected during the year.

TUBERCULOUS MILK.

Nothing is done in this district in this matter except that the Inspector and myself look round the beasts when we visit them.

I would suggest to you the advisability of retaining the services of a qualified Veterinary Surgeon who would be properly qualified to report on this matter. Personally although I am quite willing to do what I can in the interest of the Town, I do not consider myself an authority in this matter.

INSPECTION OF OTHER FOODS.

One sample of unsound fruit has been dealt with during the year.

In this instance the vendor was requested to withdraw at once from sale all that he had of this particular article and at the same time was cautioned that in the event of a second offence further proceedings would be taken in the matter.

under the Dealer, Groceries and Milk Shops Order.

5 notices have been served regarding the closing

and licensing of premises.

5 notices have been served for improved drainage for

cars and stands.

1 notice for oversteering.

1 notice for the repairing of floor of car.

Two new notices have been served during the year.

INTERCOMING WITH.

Nothing is done in this district in this matter

except that the Inspector and myself look upon the cases

when we visit them.

I would suggest to you the advisability of retaining

the services of a qualified Veterinary Surgeon who would

properly qualify to report on this matter. Personally

although I am quite willing to do what I can in the line

of the Town, I do not consider myself an authority in this

matter.

INVESTIGATION OF OTHER TOWNS.

One sample of drainage fluid has been dealt with in the

last year.

In this instance, the vendor was requested to allow

at once from this all that is not of this character and

and at the same time was requested to see in the event of

recurrence of this kind of proceedings would be taken in the

matter.

This method may not be acting in the strict sense of the law, but in a small place like this to my mind it is far the best way of dealing with such cases.

The premises where food is prepared have been visited. In only one case had any fault to be found and that on account of want of cleanliness. This has been remedied. All the shops such as bakers, butchers &c., from which the dispersement of goods is purely local have been visited.

No action has been taken under the Sale of Food and Drugs Act, nor under Section 117 of the Public Health Act 1875. I would remind you that I brought this matter to your notice in my last Annual Report but that nothing was done in the matter.

SLAUGHTERHOUSES.

There are 9 slaughterhouses in the Town, eight being registered and one licensed.

These have been visited from time to time, the time chosen as near as possible being during killing operations.

No carcases or parts of carcases have been condemned for tuberculosis. Your Inspector has not a special Certificate in meat inspection.

SEWERAGE AND DRAINAGE.

During the year 1,375 feet of main sewer have been added. This, I think, practically completes the sewerage of all the streets and roads in the Town.

I am glad to notice ~~this week~~ that you are now undertaking the relaying of sewers at the extreme limits and trust that when this is done that it will not be found necessary to extend the work, but we must remember that these sewers

the best part of dealing with such cases.

The premises where food is prepared have been visited in only one case and only found to be found and that on a of part of cleanliness. This has been remedied. All shops were inspected, butchers etc., for which the display of goods is purely local have been visited.

No action has been taken under the Sale of Food and Drugs Act, nor under Section 117 of the Public Health Act 1875. I would remind you that I propose this matter to be dealt with in my next annual report and that action has been taken in the matter.

SLAUGHTERHOUSES.

There are 2 slaughterhouses in the town, which have been visited and the licensed.

There have been visited from time to time, and the inspection as now as possible being during killing operations. No carcasses or parts of carcasses have been condemned for consumption. Your Inspector has not a special department to make inspection.

SEWERAGE AND DRAINAGE.

During the year 1,575 feet of main sewer have been laid. Thus, I think, practically completed the sewerage of all the streets and houses in the town. I am glad to notice that you are now undertaking the re-laying of sewers at the various lanes and that when this is done that it will be found necessary to extend the work, but we must remember that these sewers

have now been done ^{over} for some years and ever the best laid plans will occasionally go wrong.

The House drains are, I believe, in a satisfactory condition. Your Inspector has, of course, to take steps at times in individual cases, but judging by results in the past I think he is perfectly capable of finding out and dealing with any fault that may arise.

METHOD OR METHODS OF DISPOSAL OF SEWAGE.

This is all treated at the Sewage Farm which is, I believe, now working well.

POLLUTION OF RIVERS AND STREAMS IN THE DISTRICT.

In all 23 Notices have been served as a warning against throwing refuse and rubbish into the river and water courses. These have, I think, had the desired effect.

INCREMENT DISPOSAL.

This is practically all by the water carriage system, the Sewage being carried to the Sewage Farm where it is mixed with lime to the extent of *one gallon* to the gallon and carried off on to the land. There has, as far as I know, been no complaint made as to the condition of the effluent during the year. *A report as a sample which was taken on August 4th last is added to the report.*

REMOVAL AND DISPOSAL OF HOUSE REFUSE.

This is collected twice a week in the Council's own carts and carried to a shoot.

I am glad to notice that this is done earlier in the morning than formerly. One does not now see the receptacles for such matter waiting on the edge of the pavement until well into the middle of the day.

The house is in a satisfactory condition. The Inspector has, of course, to take into account the fact that the house is in a satisfactory condition, but I think he is perfectly capable of looking after the house with his eyes and ears.

METHOD OR METHODS OF DISPOSAL OF STAGS.

This is all treated at the Stags Farm which is, I believe, now running well.

POLLUTION OF RIVERS AND STREAMS IN THE DISTRICT.

In all 23 Notices have been served as a warning against polluting rivers and streams with refuse and other matter. These have, I think, had the desired effect.

INCIDENTAL DISPOSAL.

This is practically all of the waste which is the Stags Farm being carried to the Stags Farm where it is mixed with lime to the extent of 100 tons and carried off to the land. There has, as I know, been no complaint made as to the condition of the river during the year. I think it is a very good result.

REMOVAL AND DISPOSAL OF HOUSE REFUSE.

This is collected twice a week in the Council's own carts and carried to a depot.

I am glad to notice that there is some action in the morning when formerly. One does not see the refuse for such matter waiting on the side of the pavement until well into the middle of the day.

NUISANCES.

In all 223 nuisances have been dealt with, all of which have been abated.

LODGING HOUSES.

There are two of these in your district. Both have been visited at frequent intervals. I am pleased to report that in both cases every effort is made by the proprietors to carry out the law, and I think I can safely say that cleaner and better conducted houses will seldom, if ever be met with.

OFFENSIVE TRADES.

There are no offensive trades carried on within the Town boundaries.

SCHOOLS.

There are six Public Elementary Schools in your District, these have all been visited from time to time.

The sanitary condition as far as one can see is satisfactory. All are supplied with water from the Town supply.

Practically no action has been taken during the year for limiting the spread of infectious diseases as none has been required.

I am pleased to report that during the year an understanding has been arrived at between myself and the School Medical Officer.

As you are aware this (the School Medical Officer) is a new appointment and at first there seemed every chance of friction as to who was to do the work and who take the responsibility. Circulars received by me from the School Authorities rather pointing to the idea that they wished to

which have been shared.

LODGING HOUSES.

There are two of these in your district. Both have been visited at frequent intervals. I am pleased to say that in both cases every effort is made by the proprietors to carry out the law, and I think I can safely say that cleaner and better furnished houses will result, if every one will.

OFFENSIVE TRADING.

There are no offensive trades carried on within the town boundaries.

SCHOOLS.

There are six Public Elementary Schools in your District, these have all been visited from time to time. The sanitary conditions are as good as can be imagined. All the buildings were kept from the town and particularly no action has been taken during the year for limiting the spread of infectious diseases as none have been required.

I am pleased to report that during the year no one attending has been arrived at detention myself and the School Medical Officer.

As you are aware this (the School Medical Officer) is now appointed and at first there seemed every chance of his being so, but he was not to be and was taken the responsibility. Circulation received of me from the School Association report pointing to the fact that they wished

take the work into their own hands, but that I was to take all the responsibility. Fortunately all trouble was evaded by Dr Hogarth M.O.H., to the Bucks County, who called a meeting of the different Medical Officers of Health at Wycombe in order that they might talk the matter over and come to a friendly understanding in the matter.

As the thing now stands the work and responsibility are practically left in the hands of the local Medical Officer of Health and he undertakes to notify the School Medical Officer either through the head teacher or School Attendance Offices of any case of notifiable infectious disease that may occur in any Public Elementary School in his district.

With regard to closure of Schools. This also has been left to the discretion of the District Medical Officer of Health, while a much simpler form of action in the matter has been arranged.

Personally I think this is as it should be, but at the same time although wishing to reserve to myself the right of action in the matter, I shall always be willing to consult with the School Medical Officer in ^{any} ~~every~~ matter.

METHODS OF DEALING WITH INFECTIOUS DISEASES.

At the request of the County Medical Officer of Health I went into this matter very thoroughly in my last Annual Report. I have read carefully what I then wrote, and have nothing to add to or detract from what I then wrote.

NOTIFICATION.

During the year I have received 12 notifications under the Infectious Diseases Notification Act.

These are made up as follows -

of Dr. Joseph M.O.M., to the Buckle County, who called at
meeting of the different Medical Officers of Health at
Stamps in order that they might talk the matter over and
come to a friendly understanding in the matter.
As the time now stands the work and responsibility
are practically left in the hands of the local medical
Officers of Health and the undersigned is willing the School
Medical Officer should through the same teacher or School
Association of Officers of Health of the various institutions
determine that they should in any Public Elementary School in
his district.
With regard to claims of Schools. This also has
been left to the discretion of the District Medical Officer
of Health, while a more simple form of action in the
past was suggested.
Personally I think this is as it should be, but it
seems to me through wishing to reserve to myself the right
action in the matter, I shall never be willing to connect
with the School Medical Officer in any matter.
METHODS OF DEALING WITH INFECTIOUS DISEASES.
At the request of the County Medical Officer of Health
I went into this matter very thoroughly in my last Annual
Report. I have been carefully what I then wrote, and have
nothing to add to or detract from what I then wrote.
NOTIFICATION.
During the year I have received 14 notifications of
the Infectious Diseases Notification Act.
These are made up as follows -

Diphtheria 2. Erysipelas 7, Scarlet Fever 3.

DIPHTHERIA.

I am sorry to report that both these cases proved fatal, notwithstanding the fact that Anti-Diphtheretic Serum was used in each case. I continue to order and keep the Serum at my house for such cases. This is at the disposal of Members of the Medical profession for use in those cases in which the patients are unable to pay for themselves for such treatment.

SCARLET FEVER.

These have been all isolated cases.

ERYSIPELAS.

There has been an increase in these cases during the year. I am sorry that nothing has been done in the way of removing this disease from the list of notifiable infectious diseases, as the more I see of it, the more convinced I am that the inclusion of it is unnecessary.

It is I think a pity that such cases should be included when others are left out which from a public health point of view should certainly be included.

Take for instance Whooping Cough. This of course is not in the list consequently a child having it can be sent down into the country to stay with friends and nobody knows there is a case about until such time as the children in the immediate district are infected and then it is too late to do anything. If this disease were among the list of notifiable diseases either the child would not leave its own home or those who brought it into a district would be compelled to notify the Sanitary Authority, and the necessary precautions could be taken.

I am sorry to report that these cases proved fatal, notwithstanding the fact that anti-diphtheria serum was used in each case. I continue to advise you keep a supply of serum on hand for such cases. This is at the disposal of the Medical Commission for use in those cases in which the patients are unable to pay for themselves such treatment.

SCARLET FEVER.

There have been all isolated cases.

DYSIPERIA.

There has been no increase in these cases during the year. I am sorry that nothing has been done in the way of removing this disease from the list of notifiable infectious diseases, as the more I see of it, the more convinced I am that the inclusion of it is unnecessary.

It is I think a pity that these cases should be included in the list of notifiable diseases from a public health point of view should certainly be included.

Take the London Throating Glanders. This of course is not in the list consequently a child having it can go about into the country to play with friends and nobody knows there is a case about until each time as the children in immediate district are infected and then it is too late to do anything. If this disease were added to the list of notifiable diseases either the child would not leave the town or those who brought it into a district would be compelled to notify the Sanitary Authority, and the necessary precautions

ENTERIC FEVER.

For the second year in succession no cases of this disease have been notified.

SMALL POX

I have received no notification during the year.

In passing I should like to draw the attention of the public to the following figures. During the year 178 births have been registered and 119 certificates of exemption *which at the present time 26 are unaccounted for* have been received. To say that such figures as these frighten one when one thinks of what the consequences may be in the event of a first case of smallpox making its appearance in the Town is putting the matter very mildly.

PUERPERAL FEVER.

I have received no notification of this disease during the year.

I believe during the year that a Midwife has started in practice in the Town.

The following Table gives the number of each disease notified under the Infectious Diseases Notification Act during the last 10 years with the average for comparison with this year's figures.

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	Total	Average	1909
Enteric Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Pox	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Puerperal Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For the second year, in accordance with the plan of this
disease have been notified.

SMALL POX

I have received no notification during the year.
In general I should like to draw the attention of the public
to the following facts. During the year 1900 there were
over 100 cases of small pox notified in the district.
To say that this figure is high is to say that it is high
in the event of a first case of small pox being notified in the
area in the town is that the matter very small.

SUBSTITUTION

I have received no notification of substitution of
the year.
I believe during the year that a small number of cases
in practice in the town.
The following table gives the number of cases of
notified under the Infectious Diseases Notification Act
during the last 10 years with the exception of the
first year's figures.

	DIPHTHERIA	ERYSIPELAS	ENTERIC FEVER	PUERPERAL FEVER	SCARLET FEVER	GROUP	TOTAL
1899		6	1		13		20
1900	3	12	1		19		35
1901	3	11			49		63
1902	1	11	2		9	1	24
1903	2	4	1	1	167		175
1904	6	16	1	1	69		93
1905	9	8			11		28
1906	3	6	4		4		17
1907	3	4	1		17		25
1908	9	3			5		17
Total	39	81	11	2	363	1	497
Average	3.9	8.1	1.1	.2	36.3	.1	49.7
1909	2	7			3		12

DATE QUANTITY REMARKS NAME OF PERSON TO WHOM ISSUED

05	1	61							
06	1	61							
07	1	61							
08	1	61							
09	1	61							
10	1	61							
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98	1	61							
99	1	61							
100	1	61							

All these cases have been isolated in their own homes.

ISOLATION HOSPITAL.

The Isolation Hospital situated in the Vale has not been open during the year, but is kept well under observation so that it may be ready at almost a minute's notice. As far as the accommodation is concerned this is, I think, all that is required as long as we continue with our present mode of procedure of only taking cases in when no other course is possible. Should any suggestion be forthcoming with regard to an Isolation Hospital for the County I should strongly advise your falling in with the idea. I am well aware that so far our system of isolating patients in the front downstairs room has worked well and we still continue to have fewer cases than we had during the time that we opened the Hospital for first cases and kept it open as long as cases continued to be notified, but in spite of this I cannot think that this is the proper course to adopt, and I think if you, Gentlemen, were to see the poor children who are confined to one room for six weeks on end, or the poor mother who has charge of them you would agree with me.

DISINFECTION.

The method of disinfection during the year has been by Formalin. This method we have employed now during the last 5 years.

It is interesting to notice the returns of cases of notifiable diseases for these 5 years and the five years previous when we were disinfecting with sulphur. They are as follows -

The Isolation Hospital situated in the Vale has no been open during the year, but it kept well under observation. It may be ready at almost a minute's notice. For the accommodation is considered this is, I think, that is provided as long as it is not used for the purpose of providing for only during the year in that no other course is possible. From the situation of the hospital with regard to the Isolation Hospital for the County I should mention having been falling in with the idea. Well known that on the one hand of isolation patients in the front downstairs room has been well known to all countries to have been known that we had during the time that we opened the hospital for the first time and kept it open as long as was considered to be justified, but in order of this I cannot think that this is the proper course to take, and I think it is, therefore, very to see the four children who are confined to the room for six weeks and, as the poor mother who has been of them you would agree with me.

DISINFECTION.

The method of disinfection during the year has been by formalin. This method we have employed now during the last 5 years. It is important to notice the nature of cases of notifiable diseases for the 5 years and the five years previous when we were disinfecting with formalin. That as follows -

	With Sulphur		With Formalin
1900	35	1905	28
1901	63	1906	17
1902	24	1907	25
1903	175	1908	17
1904	93	1909	12
	-----		-----
	390	Total for 5 years	99

I have purposely omitted to deal with this matter in my previous Reports as I naturally wished to make sure of my ground before doing so. After five years working, however, I think one is justified in drawing attention to the matter and letting the figures speak for themselves.

I notice that during the year you have taken steps to reduce the amount of disinfectant given out to the general public. Had you not done so it was my intention to bring this matter to your notice and suggest such a course.

In a return furnished me by your late Sanitary Inspector I find that from September 18th 1907 to August 12th 1908 cheques were drawn to the amount of £94,4,9d, in payment for this fluid. When these figures were given me I could scarcely believe that such an amount could have been used.

I would with your permission go even further than you have already gone in the matter and suggest that none of this fluid be given away without a written order from your Sanitary Inspector. My reason for making this suggestion is as follows. One concludes that when this fluid is sent for there is some reason for using it such as a defective drain.

If such is the case no amount of disinfectant poured

down will remedy the defect although it may do away with the nuisance temporarily.

If however my suggestion is adopted the course of procedure will be that your Sanitary Inspector will receive complaint as to the nuisances and he can then visit the premises and ascertain the cause and should it be one that can be remedied he can deal with it in the usual manner.

METHODS OF CONTROL OF TUBERCULOSIS.

The only system of notification of cases of Pulmonary Tuberculosis is that under the Poor Law Administration. This is satisfactory as far as it goes, but to my mind it does not go nearly far enough. It certainly brings to the notice of the Sanitary Authority some of the cases among the poorer inhabitants of the Town, but by no means all of them. In a Town like Chesham with its Club and Dispensary work there are and must be just as many or more cases among the poorer people that are not notified as there are notified. I am of opinion that some form of notification should be adopted but I would leave it to the discretion of the Medical man in charge of the case to say whether or not he thinks it advisable for the Sanitary Authority to take any active steps in the matter. We should at least have a record of cases and in the event of death or removal occurring could take the necessary steps to disinfect the premises. This is done now in cases where we know death to have occurred but not in the case of removal, as of course of these we hear nothing.

Another thing I should like to see in your district is a system adopted by means of which a Medical man having charge of a patient in which he suspects tubercle may at

the patient's condition. If however my suggestion is adopted the course of procedure will be that your Sanitary Inspector will receive complaint as to the nuisance and he can then visit the premises and ascertain the cause and should it be one that can be remedied he can deal with it in the usual manner.

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Another thing I should like to see in your district a system adopted by means of which a medical man having charge of a patient in which he suspects tubercle may at

the expense of the Sanitary Authority have the sputum examined for the bacillus. This is not an expensive process as the thing can be done for 2/6d. You will naturally say if it can be done for so little why put it on the Sanitary Authority, my answer is this, You are all well aware that a large proportion of the Inhabitants of Chesham are in a Club or Dispensary paying anything from 2/2d for children to 5/- for men per annum. Now to a man earning £1 a week with a family to support, 2/6d is a consideration so that you cannot expect him to pay. Who then is to? Surely not the Medical man in charge of the case, why in the event of the patient being a child he stands to lose at least 4d. on the year's working to say nothing of the penny stamp for postage, and 2d. for the receptacle by means of which the sputum is to be transmitted. After all is said and done the proposed system is for the good of the public and surely it is not asking too much to suggest that the public should pay for it. Perhaps being personally interested I ought not to say so but I think that all who really think the matter over for themselves will agree that there is a tendency among the majority of people to expect too much from the members of the medical profession. It is a case of, Oh, send him to the Hospital that is supported by voluntary contributions; so it is as far as the out-of-pocket expenses are concerned, but the public lose sight of the fact that the medical men receive nothing for their services.

You will say how is your suggestion to act for the public good from a Sanitary point of view, is it not rather a matter of personal treatment for the individual case.

cases as the thing can be done for 2/6d. You will naturally say it can be done for so little why put it on the sanitary Authority, my answer is this, You are all well aware that a large proportion of the inhabitants of Glasgow are in a Club or Dispensary paying anything from 2/6d for children to 5/- for men per annum. Now to a man receiving 4/- a week with a family to support, 2/6d is a considerable sum so that you cannot expect him to pay. The then is to satisfy not the Medical men in charge of the case, why in the event of the patient being a child he stands in loss of 10/- 4d. On the other hand the fact is that nothing of the kind is done for the poor, and 2d. for the respectable by means of which the system is to be maintained. After all is said and done the proposed system is for the good of the public and surely it is not asking too much to ensure that the public should pay for it. Perhaps being personally interested I cannot not to say so but I think that all who read think the matter and for themselves will agree that there is a tendency among the majority of people to expect too much from the members of the medical profession. It is a case of, Oh, what will the Hospital that is supposed to be voluntarily contributions; so it is as far as the out-of-pocket expenses are concerned, but the public lose sight of the fact that the medical man receives nothing for their services.

You will say how is your suggestion to get for the public good from a sanitary point of view, is it not a matter of personal treatment for the individual case.

I will not dispute the fact that it is greatly to the advantage of the patient but the safety of the general public must come in to a very considerable extent.

Let us for a minute consider a case which I have in mind. A person is living in a house with other people and develops a cough which will not give ^{way} to treatment, he goes to his Club Doctor who examines his chest and can find nothing; and before we go any further, let me tell you that it is the rule rather than the exception to find nothing when examining a very early case of Phthisis. I think I am correct in stating that it is the teaching of more than one man at the Medical Schools that when you can detect this disease with the stethoscope that it has got a fair hold of the patient. But to return to our case, what is to be done? The Doctor can and of course often does take a specimen of the sputum and have it examined at his own expense. This being done he finds that Tubercle Bacillis are present and at once treats the case accordingly, giving the necessary instructions for the protection of others. But suppose no specimen is taken what happens then? Why the patient goes to the Doctor for a few weeks, gets no better, comes to the conclusion that it is the fault of the Doctor who is no good and starts on the usual run of Patent medicines with the result that he goes from bad to worse and all the time continues in close proximity with others in the workshop or factory, probably spitting on the floor and so infecting others.

Of course to perfect the system there must eventually be a home where such cases can be treated, for it is the early cases that can be cured.

advantage of the patient and the safety of the general public must come in to a very considerably extent.

Let us for a minute consider a case which I have in mind. A person is living in a house with other people and develops a disease which will not give in to treatment, he goes to his Club Doctor who examines his chest and can find nothing; and before we go any further, let me tell you that it is the rule rather than the exception to find nothing when examining a very early case of tuberculosis. I think I am correct in stating that it is the teaching of many, that one man at the Medical Schools and what you can detect in disease with the microscope that is not a fair hold the patient. But to return to our case, what is to be done? The Doctor can and of course often does take a specimen of the sputum and have it examined at his own expense. This being done he finds that Tubercle Bacilli are present and at once treats the case accordingly, giving the necessary instructions for the protection of others. But suppose no specimen is taken that happens then? Why the patient goes to the Doctor for a few weeks, gets no better, comes to the conclusion that it is the fault of the Doctor who is no good and starts on the usual run of Patent medicine with the result that he goes from bad to worse and all the time continues in close proximity with others in the workshop or factory, probably sitting on the floor and so infecting others.

Of course to perfect the system there must eventually be a home where such cases can be treated, for it is the early cases that can be cured.

This will, I feel sure, come in time, but while we are waiting is it not wise to do what we can with the material that is within our grasp.

As you are aware we have no accommodation within our district for either early or advanced cases of Pulmonary Tuberculosis.

During the year I have received 7 notifications of this disease.

POPULATION.

Last year I estimated your population at 7,978, I now make it 8,061, an increase of 63 which is much less than last year when the increase was 121.

DEATH RATE.

The number of deaths registered throughout the year is 95 which is 15 more than last year, and above the average for the last 10 years 84.1.

The following are the returns for each month -

January	8	July	4
February	5	August	8
March	16	September	6
April	10	October	6
May	5	November	10
June	8	December	9

These figures give us a death rate of 11.7 which is higher than last year 10.0 but about the average for the last 10 years 11.1.

During the year 13 deaths of residents have been registered in public institutions beyond this district and the death of one non-resident having died in the Cottage Hospital has been registered in this district giving a nett

During the year I have received
 notification of this disease.

POPULATION.
 Last year I estimated your population at 7,978. I now
 make it 8,001, an increase of 23 which is more than

DEATH RATE.
 The number of deaths registered throughout the year
 95 which is 15 more than last year, and above the average
 for the last 10 years 84.1.

The following are the returns for each month -

January	6	July	4
February	5	August	5
March	18	September	6
April	10	October	9
May	5	November	10
June	8	December	9

These figures give us a death rate of 11.5 which is
 higher than last year 10.0 but about the average for the
 last 10 years 11.1.

During the year 15 deaths of residents have been
 registered in public institutions beyond this district and
 the death of one non-resident having died in the Orange

death rate at all ages 13.2.

Of the deaths from all ages I would draw your attention to the following as compared with the 6 previous years. -

	1903	1904	1905	1906	1907	1908	1909
Pulmonary Tuberculosis	8	9	13	5	7	10	5
Other Tubercular Diseases	8	4	2	1	5	1	4
Cancer	8	7	9	5	8	4	6
Influenza			10	6	2	7	4

It will be noticed that there has been a drop this year in the number of deaths registered as due to Phthisis.

BIRTH RATE.

The number of births registered during the year is 178, this is 23 less than last year and gives a birth rate of 22.08 as compared with 25.1 last year and an average of 24.8 for the last 10 years.

Of this number 5 have been illegitimate.

INFANT MORTALITY.

Of the 95 deaths registered 21 have been those of children under one year of age, an increase of one on last year's figures. When one takes into consideration the decrease in the birth rate, these figures are worse than they really seem.

These figures give us an infant mortality of 117.9 which corresponds very badly with both the figures of last year 99.4 and also the average figures for the previous 10 years 103.8.

On looking through the list of diseases from which these children died there seems nothing to which one can

Of the children who will have I would give your attention to the following as compared with the 6 previous years.

	1902	1903	1904	1905	1906	1907	1908
Infant mortality	1	2	3	4	5	6	7
Child mortality	8	9	10	11	12	13	14
Maternal mortality	15	16	17	18	19	20	21
Stillbirths	22	23	24	25	26	27	28

It will be noticed that there has been a drop this year in the number of deaths registered as due to diphtheria.

EIGHTH RATE.

The number of births registered during the year is 170, this is 22 less than last year and gives a birth rate of 22.00 as compared with 25.1 last year and an average of 24.8 for the last 10 years. Of this number 5 have been illegitimate.

INFANT MORTALITY.

Of the 95 deaths registered 21 have been those of children under one year of age, an increase of one on last year's figure. When one takes into consideration the decrease in the birth rate, these figures are more than they really seem.

These figures give us an infant mortality of 117.3 which corresponds very fairly with the figure of last year 120.4 and also the average figure for the previous 10 years 105.5.

On looking through the list of diseases from which these children died there seems nothing to which one can

attribute the cause. All seem to have died of the ordinary children's ailments and there has been no preponderance of any particular disease.

The Notification of Births Act 1907 has not been adopted in your district nor do I think that in a district like this that any useful purpose would be served by adopting it.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

On referring to my Report of last year you will notice that I then declined to in any way commit myself by giving an opinion as to the advantages to be derived from the administration of this particular Section of the Act.

Although the working is now some 18 months old I must confess I am as much in the dark as ever.

The fact is that the whole thing is in the hands of the County Council and that we as a Sanitary Authority have nothing at all to do with it.

FACTORY AND WORKSHOP ACT.

During the year all the Factories and Workshops throughout the Town have been visited and the following Notices have been served -

Want of cleanliness	12
" " ventilation	1
Insufficient Sanitary Accommodation	4
Defective Sanitary Accommodation	2
Other Nuisances	1

Total	20

OUTWORKERS.

During the year 28 lists of outworkers have been

any particular disease.

The notification of births for 1907 has not been added to your statistics nor do I think that in a district like this that any useful purpose would be served by supplying

MEDICAL INSPECTION OF SCHOOL CHILDREN.

On referring to my Report of last year you will notice that I then decided to in any way commit myself by giving an opinion as to the advantages to be derived from the introduction of this particular section of the Act.

Although the work is now some 18 months old I am contented I am as much in the work as ever.

The fact is that the whole thing is in the hands of the County Council and that as a Sanitary Authority have nothing at all to do with it.

FACTORY AND WORKSHOP ACT.

During the year all the factories and workshops throughout the town have been visited and the following notices have been served -

Want of cleanliness	12
" " ventilation	1
Inefficient Sanitary Accommodation	4
Defective Sanitary Accommodation	2
Other offences	1
Total	20

OUTWORKERS.

During the year 28 lists of outworkers have been

received which include the names of 261 outworkers.

The homes of all have been visited and found to be in a satisfactory condition.

I am pleased to report that during the year there has been a rearrangement of the offices, resulting in a separation of the two offices of Sanitary and Water Inspector. Possibly there are some among you who still think that by pressing the matter in the way I did that I was not acting in the best interests of the Town, if there are I trust that when your new Sanitary Inspector gets at home with his work and surroundings you may see results which will convince you that the step was a right one.

With the close of the year Mr Dyson ended his work as Sanitary Inspector in the Town. Personally I am very grateful to him for what he did for the Town during the short time that he remained with us. That the Town has benefitted by what he has done none know better than I. You have in his successor (Mr Stacy) I think a hard-working officer and one who will, I believe, take an interest in his work and do all that he can in the interest of you as a Council and myself as your Medical Officer.

In conclusion, I wish to thank Mr Dormer for his help during the year, and you, Gentlemen, for the manner in which you have supported me.

I am, Gentlemen,

Your obedient Servant,

Thomas Henry
Esq. M.D.

West. Chesham W.C.

March 31st/10

The names of all have been visited and found to be
in a satisfactory condition.
I am pleased to report that during the year there has
been a rearrangement of the offices, resulting in a
separation of the two offices of General and Major
Inspector. Presumably there are some more you will
think that by presenting the matter in this way I did not
was not acting in the best interests of the town, if there
are I trust that when your new General Inspector gets on
home with his work and responsibilities you may be satisfied
which will convince you that this was a right deal.
With the close of the year Mr. Green ended his work
General Inspector in the town. Presumably I am very
grateful to him for what he did for the town during the
about time that he remained with us. That the town has
benefited by what he has done none know better than I.
You have in his successor (Mr. Gray) I think a hard-working
officer and one who will, I believe, take an interest in
his work and do all that he can in the interest of you and
Council and myself as your Medical Officer.
In conclusion, I wish to thank Mr. Green for his help
during the year, and you, Gentlemen, for the manner in
which you have supported me.
I am, Gentlemen,
Your obedient servant,

Wm. Green
1892-1893
Wm. Green

The R E P O R T on a sample of effluent from Chesham Sewage Farm taken on the 3rd August 1909, and received on the same date, has been submitted to Chemical analysis. The following results were obtained: -

	grains per gall:
Total solids dried at 120°C	27.30
Mineral solids	25.20
Solids in suspension	traces
Chlorine	1.90
expressed as sodium chloride	3.14
Nitrogen as Nitrates	0.50
Nitrites	nil
Saline Ammonia	0.40
Albumenoid ammonia	0.048
Oxygen absorbed in 4 hrs at 27°C	0.165

This is a very dilute effluent. It is satisfactorily clear and shows no signs of secondary fermentation after incubation. It should have no objectionable effect when discharged into a stream, whose water is not subsequently used for drinking purposes.

(Signed) C.H. WELLS,

Secretary,

The Clinical Research Association, Limited.

The R N P O E T on a sample of effluent from Green
Sewage Farm taken on the 2nd August 1903, and received on
the same date, has been submitted to Chemical analysis.
The following results were obtained: -

Gravimetric per cent

27.60	Total solids dried at 180°
13.10	Mineral matter
1.20	Solids in suspension
1.10	Chlorine
3.11	Expressed as soluble chloride
0.50	Expressed as nitrate
1.11	Nitrate
0.40	Soluble ammonia
0.048	Alumina insoluble
0.165	Oxygen absorbed in 1 cc at 27°

This is a very dilute effluent. It is antiseptic
clear and shows no signs of secondary fermentation after
incubation. It should have no objectionable effect when
discharged into a stream, whose water is not undependably
used for drinking purposes.

(Signed) A.H. VILES,

Secretary.

The British Sewerage Association, Limited.

A N A L Y S I S of Water marked Chesham Water Works
received on June 30th 1909.

	Grains per gallon
Total Solids (dried at 120°C.)	20.30
Combined Chlorine	0.90
Expressed as Na Cl	1.48
Nitrogen as Nitrates	0.22
Nitrites	nil
Saline Ammonia	nil
Albuminoid Ammonia	0.0003
Oxygen absorbed in 4 hours at 27°C.	0.003
Total Hardness	14° 8
Lead or Copper	nil

These results show the water to be of an exceptionally
high degree of organic purity and of moderate hardness.

(Signed) C.H. WELLS,

Secretary,

The Clinical Research Association, Limited.

TABLE I.

Vital Statistics of Whole District during 1909 and previous Years.

Name of District Chesham Urban District Council

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institu- tions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1899.	7688	189	23.2	29	153.4	89	12.9	.	.	.	89	12.9
1900.	7855	198	24.6	17	86.1	80	10.1	.	2	.	78	9.9
1901.	7245	194	26.5	21	108.2	78	10.6	3	3	2	77	10.5
1902.	7337	172	23.2	20	116.2	89	12.0	4	1	2	90	12.7
1903.	7440	194	26.0	22	113.4	91	12.2	7	2	.	89	11.9
1904.	7566	205	27.0	13	63.4	79	10.4	3	2	.	77	10.1
1905.	7646	174	22.7	16	91.9	94	12.4	4	2	1	92	12.0
1906.	7776	211	27.1	19	90.0	74	9.5	6	1	8	81	10.4
1907.	7857	180	22.9	21	116.6	87	11.0	4	1	12	98	12.4
1908.	7978	201	25.1	20	99.4	80	10.0	3	2	8	86	10.7
Averages for years 1899-1908.	76388	1918	24.83	198	103.6	841	111.1	34	16	33	857	113.5
1909.	8044	178	22.2	21	117.9	95	11.7	5	1	13	107	13.2

* Rates in Columns 4 and 8 should be calculated per 1,000 of the estimated gross population. In districts in which large public institutions seriously affect the statistics, the rates in Column 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water). 13067.

Total population at all ages 7245.

Number of inhabited houses 1459.

Average number of persons per house 4.9

At Census of 1901.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
<p><i>Chesham Cottage Inf</i></p>	<p><i>Amersham Infirmary</i></p>	
<p>Is the Union Workhouse within the District ? <u><i>No</i></u></p>		

TABLE II. Vital Statistics of separate Localities in 1909 and previous years.

Name of District *Chesham Urban District Council*

NAMES OF LOCALITIES.	1. _____				2. _____				3. _____				4. _____				5. _____				6. _____				7. _____			
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.				
1899 ...	7688	189	89	29																								
1900 ...	7855	198	78	17																								
1901 ...	7245	194	77	21																								
1902 ...	7337	172	90	20																								
1903 ...	7440	194	89	22																								
1904 ...	7566	205	77	13																								
1905 ...	7646	174	92	16																								
1906 ...	7776	211	81	19																								
1907 ...	7856	180	87	21																								
1908 ...	7978	201	80	20.																								
Averages of Years 1899 to 1908.	7638	1918	840	198																								
1909 ...	8074	178	95	21																								

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this Table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms “resident” and “non-resident.”)

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns *a*, *b* and *c* should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.: the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III. Cases of Infectious Disease notified during the Year 1909.

Name of District *Chesham Urban District Council*

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.							
	At all Ages.	At Ages†—Years.				1	2	3	4	5	6	7	1	2	3	4	5	6	7	8
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.														
Small-pox ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria (including Membranous croup) ...	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas ...	7	-	-	1	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever ...	3	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus fever ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric fever ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing fever ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Continued fever ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal fever ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plague ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals ...	12	-	1	3	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, and the accommodation, available for the district, afforded by it. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

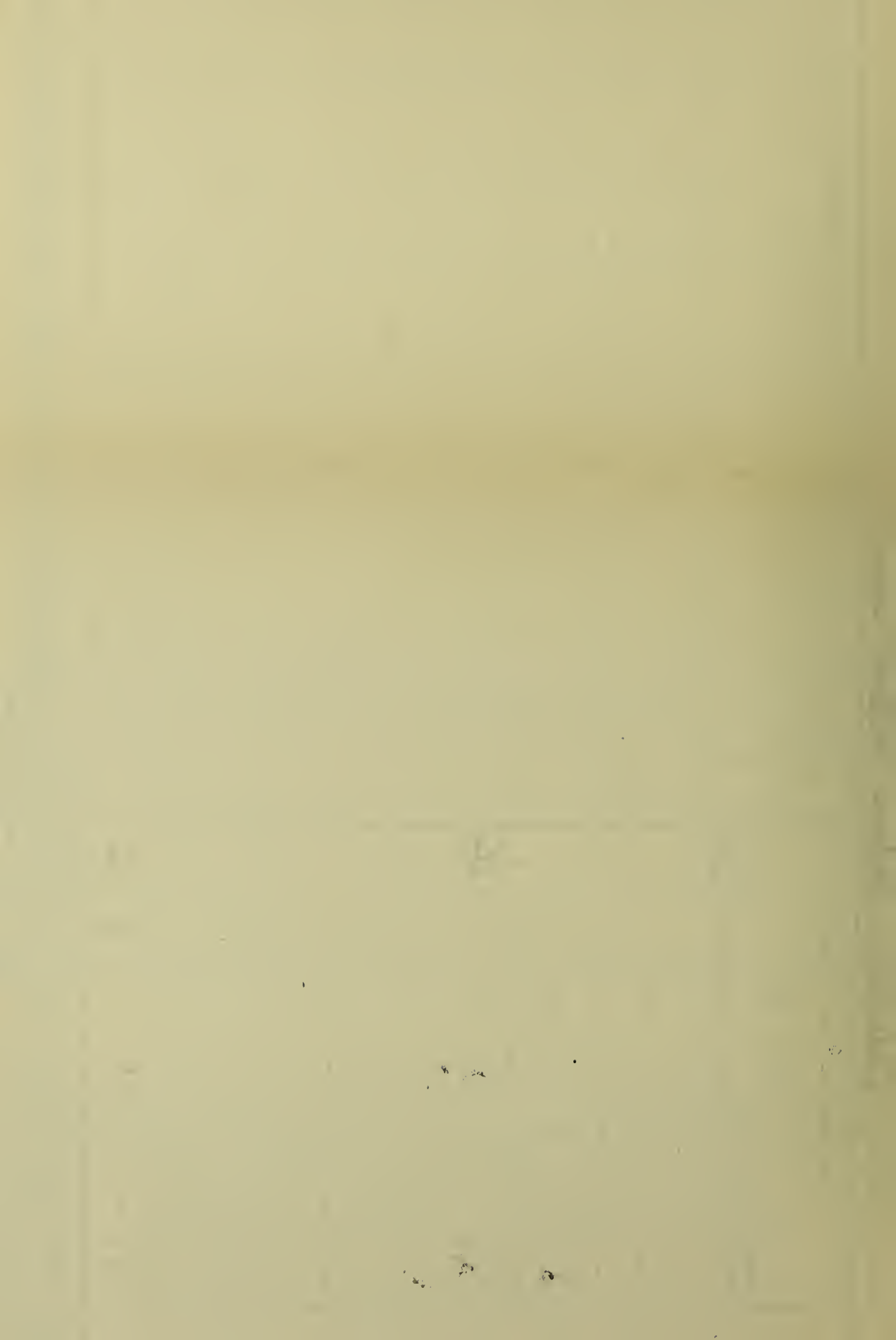
* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

** Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or is treated as one undivided area.

M 192.

Isolation Hospital—Name and Situation *Chesham Isolation Hosp.* Total available beds *16* Number of Diseases that can be concurrently treated *1*



Causes of, and Ages at, Death during Year 1909.

Name of District Chesham Urban District

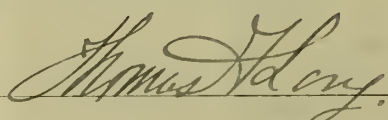
(See Notes at Back.)

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox ... ..	.	.	.	.	.	.	.	
Measles ... ..	.	.	.	.	.	.	.	
Scarlet fever ... ..	.	.	.	.	.	.	.	
Whooping-cough ... ..	.	.	.	.	.	.	.	
Diphtheria (including Membranous croup)	2	.	1	1	.	.	.								
Croup ... ..	.	.	.	.	.	.	.	
{ Typhus ... ..	.	.	.	.	.	.	.	
{ Enteric ... ..	.	.	.	.	.	.	.	
{ Other continued	.	.	.	.	.	.	.	
Epidemic influenza ...	4	.	.	.	.	.	4								
Cholera ... ..	.	.	.	.	.	.	.	
Plague ... ..	.	.	.	.	.	.	.	
Diarrhoea. (See notes at back.)	2	2	.	.	.	.	.			
Enteritis. (See notes at back.)	3	3	.	.	.	.	.			
Gastritis. (See notes at back.)	.	.	.	.	.	.	.	
Puerperal fever. (See notes at back.)	.	.	.	.	.	.	.	
Erysipelas ... ..	.	.	.	.	.	.	.	
Phthisis, (Pulmonary Tuberculosis).	5	5	.	.	1	4	.								
Other tuberculous diseases.	4	1	2	.	1	.	.								
Cancer, malignant disease. (See notes at back.)	6	.	.	.	.	1	5								
Bronchitis	3	.	.	.	.	1	6								
Pneumonia	8	3	1	.	.	2	2								
Pleurisy ... ..	.	.	.	.	.	.	.	
Other diseases of Respiratory organs.	.	.	.	.	.	.	.	
Alcoholism } Cirrhosis of liver }	3	.	.	.	.	2	1								
Venereal diseases ...	1	.	.	.	.	.	1								
Premature birth ...	7	7	.	.	.	.	.			
Diseases and accidents of parturition ...	1	.	.	.	.	1	.								
Heart diseases... ..	5	.	.	.	.	.	5								
Accidents	6	.	2	.	.	4	.								
Suicides ... ..	.	.	.	.	.	.	.	
Diseases of Brain & Nervous System	7	.	1	1	.	.	5								
All other causes ...	24	5	1	.	1	5	12								
All causes ...	95	21	8	2	3	21	40								

NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II, sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera (other than Asiatic or epidemic), and Cholera Nostras.
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.
- Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.
- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformatious and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."
-

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

 Medical Officer of Health.

Date March 31st 1910.

Chesham Urban

{Borough.
District.

INFANTILE MORTALITY DURING THE YEAR 1909.

Deaths from stated Causes in Weeks and Months under One Year of Age.

(See Notes at back of Table IV.)

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified			6	3	1	1	11	.	4	1	.	1	.	.	2	2	.	.	21
	Uncertified ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
i. Common Infectious Diseases.	Small-pox ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Chicken-pox ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Measles ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Scarlet Fever ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Diphtheria (including Membranous Croup) }			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
ii. Diarrhoeal Diseases. (See Notes to Table IV.)	Whooping Cough ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Diarrhoea, all forms ... ..			.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	1
	Enteritis, Muco-enteritis, } Gastro-enteritis }			.	.	.	.	.	.	1	1	.	1	.	.	.	.	.	.	3
	Gastritis, Gastro-intestinal Catarrh }			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
iii. Wasting Diseases.	Premature Birth			3	1	1	1	6	.	1	.	.	.	.	.	.	.	.	.	7
	Congenital Defects (See Notes to Table IV.) ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Injury at Birth ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Want of Breast-milk, Starvation }			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
iv. Tuberculous Diseases.	Atrophy, Debility, Marasmus }			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Tuberculous Meningitis (See Notes to Table IV.) ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	1
	Tuberculous Peritonitis: } Tabes Mesenterica }			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Other Tuberculous Diseases (See Notes to Table IV.) }			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
v. Other Causes.	Erysipelas ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Syphilis ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Rickets ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Meningitis (not Tuberculous) ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Convulsions			1	.	.	.	1	.	.	.	.	.	.	.	1	1	.	.	2
	Bronchitis ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Laryngitis ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Pneumonia ... ..			.	.	.	.	.	.	1	.	.	.	.	.	1	1	.	.	3
	Suffocation, overlying ... ..			.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Other causes				2	2	.	.	4	.	.	.	.	.	.	.	.	.	.	.	4
				6	3	1	1	11	.	4	1	.	1	.	.	2	2	.	.	21

District (or sub-division) of CheshamPopulation. 61Estimated to middle of 1909 80 ~~4~~Births in the year { legitimate 173
illegitimate 5Deaths in the year of { legitimate infants 20
illegitimate infants 1Deaths from all Causes at all Ages 95

This Table is enclosed, by request of the Secretary of State, for the guidance and convenience of Medical Officers of Health in preparing that part of their Annual Report which relates to factories, workshops, workplaces and home work. It is not intended to supersede the fuller statement which is desirable in the text of the Report, but to provide for uniformity in the presentation of such particulars as lend themselves to statistical treatment.

Further copies can be supplied on application to the Chief Inspector of Factories, Home Office, London, S.W.

Annual Report of the Medical Officer of Health for the year 1909,
for the* *Urban District* of *Chesham*

*e.g., Metropolitan
Borough,
County Borough,
Borough,
Urban District,
Rural District.

on the administration of the Factory and Workshop Act, 1901, in connection with
FACTORIES, WORKSHOPS. WORKPLACES AND HOMEWORK.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.
INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (Including Factory Laundries)	46	4	—
Workshops (Including Workshop Laundries)	206	16	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report)	13	—	—
Total	265	20	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	12	12	—	—
Want of ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	1	1	—	—
† Sanitary accommodation	insufficient	4	—	—
	unsuitable or defective	2	—	—
	not separate for sexes	—	—	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	—	—	—
Other offences (Excluding offences relating to outwork which are included in Part 3 of this report)	—	—	—	—
Total... ..	20	20	—	—

* Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

† For districts not in London, state here whether section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the District Council; and if so what standard of sufficiency and suitability of sanitary accommodation for persons employed in factories and workshops has been enforced.

(1751). Wt.21,055—61. 12,000. 11/08. A.&E.W.
(15,700). „ 19,132—37. 12,000. 10/09. „

[illegible]

5. OTHER MATTERS.

March 1st

